

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/581807

FILING DATE

APPLICANT(S)

CLAIMS

	CLAIMS							CLAIMS						
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				51							
2	/		/				52							
3	/		/				53							
4	/		/				54							
5	/		/				55							
6	/		/				56							
7	/		/				57							
8	7		/				58							
9	7		/				59							
10	7		/				60							
11	/	1	/	1	/		61							
12	/		/				62							
13	/		/				63							
14	/		/				64							
15	/		/				65							
16	/		/				66							
17	6		/				67							
18	6		/				68							
19	6		/				69							
20	/		/				70							
21	/		/				71							
22	/		/				72							
23	/		/				73							
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25	/		/				75							
26	/		/				76							
27							77							
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43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.			3											
TOTAL DEP.			23											
TOTAL CLAIMS			26											